

## Plan of Correction

<b>Program Name:</b> Northeastern Mental Health Center	<b>Date Due:</b> 8/31/21
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Administrative POC-1	
<b>Rule #:</b> <b>67:61:05:01</b>	<p><b>Rule Statement: Tuberculin Screening Requirements</b> Tuberculin screening requirements for employees are as follows:</p> <ol style="list-style-type: none"> <li>1. Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12 month period before the date of the employment can be considered a two-step or one TB blood assay test completed within a 12 month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous position reaction to either test;</li> <li>2. A new staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease;</li> <li>3. Each staff member, intern, and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of <i>Mycobacterium tuberculosis</i>. If this evaluation results in suspicion of active tuberculosis, the licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and</li> <li>4. Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.</li> </ol>
<p><b>Area of Noncompliance:</b> Two out of two applicable personnel files did not have the second step of the two-step tuberculin test documented.</p>	
<p><b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> <input type="checkbox"/> Our HR administrator will verify that the 2-step tuberculin test is completed. <input type="checkbox"/></p>	<p><b>Anticipated Date Achieved/Implemented:</b></p> <p><b>Date</b> 8/1/21</p>
<p><b>Supporting Evidence:</b> review of personnel chart</p>	<p><b>Position Responsible:</b> HR Admin</p>
<p><b>How Maintained:</b> completed with each hire</p>	<p><b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

### Client Chart POC-1

<b>Rule #:</b> <b>67:61:07:06</b>	<b>Rule Statement: Treatment Plan.</b> An addiction counselor or counselor trainee shall develop an individualized treatment plan based upon the integrated assessment for each client admitted to an outpatient treatment program, intensive outpatient treatment program, day treatment program, clinically managed low-intensity residential treatment program, or medically-monitored intensive inpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan shall be documented in the file. The treatment plan shall be recorded in the client's case record and includes: <ol style="list-style-type: none"> <li>1. A statement of specific client problems, such as co-occurring disorders to be addressed during treatment with supporting evidence;</li> <li>2. A diagnostic statement and a statement of short and long term treatment goals that relate to the problems identified;</li> <li>3. Measurable objectives or methods leading to the completion of short term goals including:</li> <li>4. A statement identifying the staff member responsible for facilitating the methods or treatment procedures.</li> </ol> <p>The individualized treatment plan shall be developed within 30 days of the clients' admission for a counseling services program.</p>	
<b>Area of Noncompliance:</b> Four out of five applicable files did not have a statement of specific client problems with supporting evidence.		
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> █ Clinical Supervisor will provide written and verbal training to staff to have them list specific reason under #2 to be specific on needs of substance use or mental health. This will also be updated in our tutorial █		<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 8/31/21
<b>Supporting Evidence:</b> I have provided a blank note which identifies this area.		<b>Position Responsible:</b> SUD Clinical Supervisor
<b>How Maintained:</b> QA review and supervisory sign off.		<b>Board Notified:</b> Y <input type="checkbox"/> X <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

### Client Chart POC-2

<b>Rule #:</b> <b>67:61:07:12</b>	<b>Rule Statement: Tuberculin screening requirements</b> A designated staff member shall conduct tuberculin screening for the absence or presence of symptoms with each client newly admitted to outpatient treatment, intensive outpatient treatment, day treatment, clinically managed low intensity residential treatment, clinically managed detoxification, and intensive inpatient treatment within 24 hours of admission to determine if the client has had any of the following symptoms within the previous three months: <ol style="list-style-type: none"> <li>1. Productive cough for a two to three week duration;</li> <li>2. Unexplained night sweats;</li> <li>3. Unexplained fevers; or</li> </ol>
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	<p>4. Unexplained weight loss.</p> <p>Any client determined to have one or more of the above symptoms within the last three months shall be immediately referred to a licensed physician for a medical evaluation to determine the absence or presence of active disease. A Mantoux skin test may or may not be done during this evaluation based on the opinion of the evaluation physician. Any client confirmed or suspected to have infectious tuberculosis shall be excluded from services until the client is determined to no longer be infectious by the physician. Any client in which infectious tuberculosis is ruled out shall provide a written statement from the evaluating physician before being allowed entry for services.</p>	
<p><b>Area of Noncompliance:</b> Three out of seven applicable files did not have tuberculin screening completed.</p>		
<p><b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> We will require the TB screening tool to be complete upon entry into our treatment program. This form will be completed by our intake worker upon opening for services. Form included.</p>	<p><b>Anticipated Date Achieved/Implemented:</b></p> <p><b>Date</b> 8/1/21</p>	
<p><b>Supporting Evidence:</b> Form is included.</p>	<p><b>Position Responsible:</b> Clinical SUD supervisor and intake worker</p>	
<p><b>How Maintained:</b> QA and supervisory review</p>	<p><b>Board Notified:</b> Y <input type="checkbox"/> X <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>	

**The Office of Licensing and Accreditation may conduct planned or unannounced follow up visits during your next accreditation period. Visits may be for the purpose of mid-point reviews, technical assistance, or plan of correction follow-up.**

Signature of Agency Director: 	Date: 
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Please email or send Plan of Correction to:

Department of Social Services  
Office of Licensing and Accreditation  
3900 West Technology Circle, Suite 1  
Sioux Falls, SD 57106

Email Address: [DSSLicAccred@state.sd.us](mailto:DSSLicAccred@state.sd.us)

**The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.**

Signature of Licensing Staff: 	Date: 
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